

BRIGHT FUTURES EXAM: 3 YEAR OLD

NAME:			VISIT DATE: ____/____/____			DOB: ____/____/____		
MaineCare I.D. #:			<input type="checkbox"/> NO SHOW			Actual Age: ____ Years ____ Months		
Examiner's Last Name:			Examiner's NPI #:			Pay To NPI #:		
KEY: Mark NI if normal, Ab if abnormal, or Y if yes, N if no, or ✓ if item done								
(1) CHILD HISTORY			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN		
1. General health	NI	Ab	12. WT ____lbs, ____%	NI	Ab	33. Up to date?	Y	N
2. Illness free	Y	N	13. HT ____in, ____%			if not, immunizations given:		
3. Injury free	Y	N	14. Blood Pressure ____/____			Document vaccine brand below and record in Impact2		
4. Vitamin D/Supplement	Y	N	15. BMI ____%					
5. Fluoride (water/Rx)	Y	N	16. Skin					
6. Toilet trained	Y	N	17. Head					
7. Family/Nutrition, balanced	NI	Ab	18. Eyes					
8. Stools/Urine	NI	Ab	19. Ears			(6) KEY ANTICIPATORY GUIDANCE		
9. Single Parent	Y	N	20. Nose			✓	* = key items	
10. Dental visit in past year	Y	N	21. Throat				*57. Brush teeth as parent & child team	
11. Cigarette / Wood Smoke	Y	N	22. Teeth (caries, dental injuries)				*58. Limit TV	
			23. Neck/Nodes				*59. Teach stranger safety	
			24. Lungs				*60. Dental Appt	
			25. Heart				61. Car seat in back	
			26. Abdomen				62. Keep home/car smoke free	
			27. Genitalia				63. Ensure playground/water safety	
			28. Musculoskeletal				64. Test smoke/carbon monoxide detectors/check batteries	
(5) DEVELOPMENTAL MILESTONES			29. Gait				65. Sun exposure/sunscreen	
	Y	N	30. Neuro				66. Childproof home (matches, poisons, meds, alcohol, outlets, guns, etc.)	
43. Jumps, kicks ball			31. Extremities				67. Poison Control , Give #	
44. Balances on one foot			32. General hygiene				68. Teach healthy choices for snacks/meals	
45. Rides tricycle			(4) SCREENING				69. Expect normal sexual curiosity	
46. Knows 1 color			34. Vision R20/____L20/____	NI	Ab		70. Give individual attention; opportunities to explore, socialize, play	
			35. Hearing R____/L____	NI	Ab			
			36. Blood lead test (if high risk and not previously tested.	Y	N			
47. Copies, circle, cross			37. Do PPD (if exposure risk)	NI	Ab		71. Provide chores, enforce limits/ time outs	
			If done , Result	Neg	Pos			
48. Can sing a song			38. MCHAT: Part I	Pass	Refer		72. Help siblings resolve arguments	
49. Knows name, age, sex			39. Part II (only if part I fails)	Pass	Refer		73. Set limits/ limit # of rules, be	
50. Uses plurals; 3 & 4 word sentences			40. Oral Health Risk Assessment	NI	Ab		74. Imaginary friends	
51. Uses "I" & "Me"			Assessment Tool Used?	Y	N		75. Encourage reading, singing talking	
			Level of risk					
52. Follows 2-3 part commands			ASQ Score	Pass	Refer		76. Serve as a role model for behavior & habits	
			Peds	Pass	Refer			
53. Self care skills							77. Ask about WIC	
							78. 5 – 2 – 1 – 0, Avoid Soda/Juice/Candy	
54. Dress self							79. Discuss community programs	
55. Able to share toys							80. Childcare/daycare	
56. Play well with another child							81. Child care	
MaineCare Member Services follow-up needed: [circle as appropriate] arrange transportation/ find dentist/ find other provider/make appointment/ Public Health Nurse visit/other								
ASSESSMENT/ABNORMALS PLAN [refer to line item number]								
EXAMINER'S SIGNATURE: _____ DATE: ____/____/____ RTC in ____ months								